Maryland
DEPARTMENT OF BUDGET AND MANAGEMENT

# Health Benefits

Together, we are working toward a **healthier community**.

## 10-MONTH EMPLOYEE w/ Domestic Relationship (21)
## Effective 1/1/2026 thru 12/31/2026

### MEDICAL - EMPLOYEE MONTHLY PREMIUM RATES W/ DOMESTIC RELATIONSHIP

| PLAN NAME | | Employee & Domestic Partner | Employee & Domestic Partner Child | Employee & Child + Domestic Partner | Employee & Child + Domestic Partner & Child | Employee + Domestic Partner & Child | Employee & Children + Domestic Partner | Employee & Children + Domestic Partner & Child(ren) |
|---|---|---|---|---|---|---|---|---|
| CAREFIRST BLUECROSS BLUESHIELD PPO | PRE-TAX RATE | $163.25 | $163.25 | $277.54 | $163.25 | $163.25 | $277.54 | $ 0.00 |
| | POST-TAX RATE | $130.56 | $130.56 | $130.56 | $244.85 | $244.85 | $130.56 | $408.10 |
| | STATE SUBSIDY | $652.99 | $652.99 | $1110.12 | $652.99 | $652.99 | $1110.12 | $ 0.00 |
| | IMPUTED INCOME | $522.31 | $522.31 | $522.31 | $979.44 | $979.44 | $522.31 | $1632.43 |
| CAREFIRST BLUECROSS BLUESHIELD EPO | PRE-TAX RATE | $108.94 | $108.94 | $163.54 | $108.94 | $108.94 | $163.54 | $ 0.00 |
| | POST-TAX RATE | $119.71 | $119.71 | $119.71 | $174.31 | $174.31 | $119.71 | $283.25 |
| | STATE SUBSIDY | $617.38 | $617.38 | $926.88 | $617.38 | $617.38 | $926.88 | $ 0.00 |
| | IMPUTED INCOME | $678.26 | $678.26 | $678.26 | $987.77 | $987.77 | $678.26 | $1605.14 |
| KAISER | PRE-TAX RATE | $108.86 | $108.86 | $163.44 | $108.86 | $108.86 | $163.44 | $ 0.00 |
| | POST-TAX RATE | $119.62 | $119.62 | $119.62 | $174.19 | $174.19 | $119.62 | $283.06 |
| | STATE SUBSIDY | $616.94 | $616.94 | $926.21 | $616.94 | $616.94 | $926.21 | $ 0.00 |
| | IMPUTED INCOME | $677.83 | $677.83 | $677.83 | $987.10 | $987.10 | $677.83 | $1604.04 |
| UNITED HEALTHCARE PPO | PRE-TAX RATE | $160.56 | $160.56 | $273.00 | $160.56 | $160.56 | $273.00 | $ 0.00 |
| | POST-TAX RATE | $128.47 | $128.47 | $128.47 | $240.91 | $240.91 | $128.47 | $401.47 |
| | STATE SUBSIDY | $642.31 | $642.31 | $1092.00 | $642.31 | $642.31 | $1092.00 | $ 0.00 |
| | IMPUTED INCOME | $513.86 | $513.86 | $513.86 | $963.55 | $963.55 | $513.86 | $1605.86 |
| UNITED HEALTHCARE EPO | PRE-TAX RATE | $109.61 | $109.61 | $153.48 | $109.61 | $109.61 | $153.48 | $ 0.00 |
| | POST-TAX RATE | $118.32 | $118.32 | $118.32 | $162.19 | $162.19 | $118.32 | $271.80 |
| | STATE SUBSIDY | $621.12 | $621.12 | $869.59 | $621.12 | $621.12 | $869.59 | $ 0.00 |
| | IMPUTED INCOME | $670.61 | $670.61 | $670.61 | $919.08 | $919.08 | $670.61 | $1540.20 |

### PRESCRIPTION DRUG - EMPLOYEE MONTHLY PREMIUM RATES W/ DOMESTIC RELATIONSHIP

| PLAN NAME | | Employee & Domestic Partner | Employee & Domestic Partner Child | Employee & Child + Domestic Partner | Employee & Child + Domestic Partner & Child | Employee + Domestic Partner & Child | Employee & Children + Domestic Partner | Employee & Children + Domestic Partner & Child(ren) |
|---|---|---|---|---|---|---|---|---|
| MedImpact | PRE-TAX RATE | $ 83.14 | $ 83.14 | $111.43 | $ 83.14 | $ 83.14 | $111.43 | $ 0.00 |
| | POST-TAX RATE | $ 54.86 | $ 27.36 | $ 54.86 | $ 83.16 | $ 83.16 | $ 54.86 | $166.30 |
| | STATE SUBSIDY | $332.62 | $332.62 | $445.85 | $332.62 | $332.62 | $445.85 | $ 0.00 |
| | IMPUTED INCOME | $219.36 | $109.39 | $219.36 | $332.59 | $332.59 | $219.36 | $665.21 |

### DENTAL - EMPLOYEE MONTHLY PREMIUM RATES W/ DOMESTIC RELATIONSHIP

| PLAN NAME | | Employee & Domestic Partner | Employee & Domestic Partner Child | Employee & Child + Domestic Partner | Employee & Child + Domestic Partner & Child | Employee + Domestic Partner & Child | Employee & Children + Domestic Partner | Employee & Children + Domestic Partner & Child(ren) |
|---|---|---|---|---|---|---|---|---|
| Delta Dental | PRE-TAX RATE | $ 10.94 | $ 10.94 | $ 22.63 | $ 11.64 | $ 11.64 | $ 22.63 | $ 0.00 |
| | POST-TAX RATE | $ 8.16 | $ 10.99 | $ 8.16 | $ 19.15 | $ 19.15 | $ 8.16 | $ 30.79 |
| | STATE SUBSIDY | $ 10.94 | $ 10.94 | $ 22.63 | $ 11.64 | $ 11.64 | $ 22.63 | $ 0.00 |
| | IMPUTED INCOME | $ 8.16 | $ 10.99 | $ 8.16 | $ 19.15 | $ 19.15 | $ 8.16 | $ 30.79 |
| United Concordia | PRE-TAX RATE | $ 18.89 | $ 18.89 | $ 51.84 | $ 34.68 | $ 34.68 | $ 51.84 | $ 0.00 |
| | POST-TAX RATE | $ 18.84 | $ 17.16 | $ 18.84 | $ 36.00 | $ 36.00 | $ 18.84 | $ 70.68 |
| | STATE SUBSIDY | $ 18.89 | $ 18.89 | $ 51.82 | $ 34.66 | $ 34.66 | $ 51.82 | $ 0.00 |
| | IMPUTED INCOME | $ 18.86 | $ 17.16 | $ 18.86 | $ 36.02 | $ 36.02 | $ 18.86 | $ 70.68 |

## MEDICAL - EMPLOYEE PER PAY PERIOD PREMIUM RATES W/ DOMESTIC RELATIONSHIP

| PLAN NAME | | Employee & Domestic Partner | Employee & Domestic Partner Child | Employee & Child + Domestic Partner | Employee & Child + Domestic Partner & Child | Employee + Domestic Partner & Child | Employee & Children + Domestic Partner | Employee & Children + Domestic Partner & Child(ren) |
|---|---|---|---|---|---|---|---|---|
| CAREFIRST BLUECROSS BLUESHIELD PPO | PRE-TAX RATE | $ 77.74 | $ 77.74 | $132.16 | $ 77.74 | $ 77.74 | $132.16 | $ 0.00 |
| | POST-TAX RATE | $ 62.17 | $ 62.17 | $ 62.17 | $116.59 | $116.59 | $ 62.17 | $194.33 |
| | STATE SUBSIDY | $310.95 | $310.95 | $528.63 | $310.95 | $310.95 | $528.63 | $ 0.00 |
| | IMPUTED INCOME | $248.72 | $248.72 | $248.72 | $466.40 | $466.40 | $248.72 | $777.35 |
| CAREFIRST BLUECROSS BLUESHIELD EPO | PRE-TAX RATE | $ 51.87 | $ 51.87 | $ 77.87 | $ 51.87 | $ 51.87 | $ 77.87 | $ 0.00 |
| | POST-TAX RATE | $ 57.01 | $ 57.01 | $ 57.01 | $ 83.01 | $ 83.01 | $ 57.01 | $134.88 |
| | STATE SUBSIDY | $293.99 | $293.99 | $441.37 | $293.99 | $293.99 | $441.37 | $ 0.00 |
| | IMPUTED INCOME | $322.98 | $322.98 | $322.98 | $470.37 | $470.37 | $322.98 | $764.35 |
| KAISER | PRE-TAX RATE | $ 51.84 | $ 51.84 | $ 77.83 | $ 51.84 | $ 51.84 | $ 77.83 | $ 0.00 |
| | POST-TAX RATE | $ 56.96 | $ 56.96 | $ 56.96 | $ 82.95 | $ 82.95 | $ 56.96 | $134.79 |
| | STATE SUBSIDY | $293.78 | $293.78 | $441.05 | $293.78 | $293.78 | $441.05 | $ 0.00 |
| | IMPUTED INCOME | $322.78 | $322.78 | $322.78 | $470.05 | $470.05 | $322.78 | $763.83 |
| UNITED HEALTHCARE PPO | PRE-TAX RATE | $ 76.46 | $ 76.46 | $130.00 | $ 76.46 | $ 76.46 | $130.00 | $ 0.00 |
| | POST-TAX RATE | $ 61.18 | $ 61.18 | $ 61.18 | $114.72 | $114.72 | $ 61.18 | $191.18 |
| | STATE SUBSIDY | $305.86 | $305.86 | $520.00 | $305.86 | $305.86 | $520.00 | $ 0.00 |
| | IMPUTED INCOME | $244.70 | $244.70 | $244.70 | $458.83 | $458.83 | $244.70 | $764.70 |
| UNITED HEALTHCARE EPO | PRE-TAX RATE | $ 52.19 | $ 52.19 | $ 73.09 | $ 52.19 | $ 52.19 | $ 73.09 | $ 0.00 |
| | POST-TAX RATE | $ 56.34 | $ 56.34 | $ 56.34 | $ 77.23 | $ 77.23 | $ 56.34 | $129.43 |
| | STATE SUBSIDY | $295.77 | $295.77 | $414.09 | $295.77 | $295.77 | $414.09 | $ 0.00 |
| | IMPUTED INCOME | $319.34 | $319.34 | $319.34 | $437.66 | $437.66 | $319.34 | $733.43 |

## PRESCRIPTION DRUG - EMPLOYEE PER PAY PERIOD PREMIUM RATES W/ DOMESTIC RELATIONSHIP

| PLAN NAME | | Employee & Domestic Partner | Employee & Domestic Partner Child | Employee & Child + Domestic Partner | Employee & Child + Domestic Partner & Child | Employee + Domestic Partner & Child | Employee & Children + Domestic Partner | Employee & Children + Domestic Partner & Child(ren) |
|---|---|---|---|---|---|---|---|---|
| MedImpact | PRE-TAX RATE | $ 39.59 | $ 39.59 | $ 53.06 | $ 39.59 | $ 39.59 | $ 53.06 | $ 0.00 |
| | POST-TAX RATE | $ 26.13 | $ 13.03 | $ 26.13 | $ 39.60 | $ 39.60 | $ 26.13 | $ 79.19 |
| | STATE SUBSIDY | $158.39 | $158.39 | $212.31 | $158.39 | $158.39 | $212.31 | $ 0.00 |
| | IMPUTED INCOME | $104.46 | $ 52.09 | $104.46 | $158.38 | $158.38 | $104.46 | $316.77 |

## DENTAL - EMPLOYEE PER PAY PERIOD PREMIUM RATES W/ DOMESTIC RELATIONSHIP

| PLAN NAME | | Employee & Domestic Partner | Employee & Domestic Partner Child | Employee & Child + Domestic Partner | Employee & Child + Domestic Partner & Child | Employee + Domestic Partner & Child | Employee & Children + Domestic Partner | Employee & Children + Domestic Partner & Child(ren) |
|---|---|---|---|---|---|---|---|---|
| Delta Dental | PRE-TAX RATE | $ 5.21 | $ 5.21 | $ 10.78 | $ 5.54 | $ 5.54 | $ 10.78 | $ 0.00 |
| | POST-TAX RATE | $ 3.89 | $ 5.23 | $ 3.89 | $ 9.12 | $ 9.12 | $ 3.89 | $ 14.66 |
| | STATE SUBSIDY | $ 5.21 | $ 5.21 | $ 10.78 | $ 5.54 | $ 5.54 | $ 10.78 | $ 0.00 |
| | IMPUTED INCOME | $ 3.89 | $ 5.23 | $ 3.89 | $ 9.12 | $ 9.12 | $ 3.89 | $ 14.66 |
| United Concordia | PRE-TAX RATE | $ 8.99 | $ 8.99 | $ 24.69 | $ 16.51 | $ 16.51 | $ 24.69 | $ 0.00 |
| | POST-TAX RATE | $ 8.97 | $ 8.17 | $ 8.97 | $ 17.14 | $ 17.14 | $ 8.97 | $ 33.66 |
| | STATE SUBSIDY | $ 8.99 | $ 8.99 | $ 24.67 | $ 16.50 | $ 16.50 | $ 24.67 | $ 0.00 |
| | IMPUTED INCOME | $ 8.98 | $ 8.17 | $ 8.98 | $ 17.15 | $ 17.15 | $ 8.98 | $ 33.66 |